2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2005
Secretary of State

DOCUMENT# N04000010961

Entity Name: VOICE OF TRIUMPH CHRISTIAN CENTER, INC.

Current Principal Place of Business:

731 N. U.S. #1
PORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

733 N. U.S. #1
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-1970308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROUNDTREE, SR., WILLIE A
1710 N. 43RD STREET
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LUCKEY, TROY D REV
Address: 651 SE PRINEVILLE ST
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP ( ) Delete
Name: LUCKEY, MARCH M
Address: 651 PRINEVILLE ST
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: DENTSON, BLOSSOM
Address: 103 ESSEX DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: T ( ) Delete
Name: ROUNDTREE, SR., WILLIE A
Address: 1710 N 43RD STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: S ( ) Delete
Name: ROUNDTREE, CHARENE M
Address: 1710 N 43RD STREET
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY D LUCKEY P 09/04/2005
Electronic Signature of Signing Officer or Director — Date